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MESSAGE:

In re Application No.: 10/726,361, Filed: December 3, 2003
First Named Inventor: SKOOG, et al.
Docket No.: 07783-0087

Please deliver to Examiner TUROCY, Art Unit 1762

FAX NUMBER: (717) 237-5300

SECRETARY RESPONSIBLE: Kathy Sauter

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/726,361
		Filing Date	December 3, 2003
		First Named Inventor	SKOOG, et al.
		Art Unit	1762
		Examiner Name	TUROC
Total Number of Pages in This Submission	37	Attorney Docket Number	13DV-13673 (07783-0087)

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Certificate of Facsimile Transmission
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	McNeas Wallace & Nurick LLC K. Scott O'Brian, Attorney Reg. No. 42,946
Signature	<i>K. Scott O'Brian</i>
Date	February 15, 2006

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Typed or printed name	Theodore R. West		
Signature	<i>Theodore R. West</i>	Date	February 15, 2006

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PTO/SB/17 (12-04v2)
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 250.00

Complete if Known

Application Number 10/726,361
Filing Date December 3, 2003
First Named Inventor SKOOG, et al.
Examiner Name TUROCY
Art Unit 1762
Attorney Docket No. 13DV-13673 (07783-0087)

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP =	x	=
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP =	x	=
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = **Extra Sheets** / 50 = **Number of each additional 50 or fraction thereof** x **Fee (\$)** = **Fee Paid (\$)**
(round up to a whole number)

4. OTHER FEE(S)

Non-English Specification: \$130 fee (no small entity discount) **Fees Paid (\$)**
Other (e.g., late filing surcharge): One-Month Extension of Time Fee, Terminal Disclaimer Fee 250

SUBMITTED BY

Signature *K. Scott O'Brian* Registration No. 42,946 Telephone (717) 232-8000
Name (Print/Type) K. Scott O'Brian, Esq. (Attorney/Agent) Date February 15, 2006

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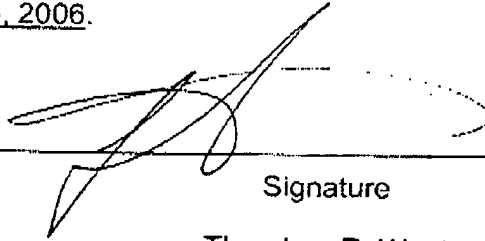
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Transmittal Form (1 page)

Fee Transmittal Form (1 page, in duplicate)

Petition for One-Month Extension of Time (1 page, in duplicate)

Terminal Disclaimer (1 page)

Response under 37 CFR 1.111 (29 pages)

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